

STITH

For State Representative

Contribution Form

* Name: _____

* Address: _____

* City: _____ * State: _____ * Zip: _____

* Employer: _____

*Required for contributions greater than \$100

Phone: _____

Email: _____

*Required Fields

Contribution Amount:

\$11,300 (maximum amount)	\$10,000	\$ 7,500	\$5,000
\$2,500	\$1,500	\$1,000	\$750
\$500	\$250	\$100	\$50
			\$ _____ <small>enter other amount</small>

Credit Card:

Name on Card: _____

Card Number: _____

Security Code on Card: _____

Expiration Month: _____ Year: _____



Make checks payable to;

"Vote Stith"

I would like a yard sign

Mail to:

Vote Stith

I am able to volunteer my time to the campaign
(Please check boxes and we will contact you with more information)

Jennifer Stith, Treasurer

1816 Weyer Ave.

Norwood, OH 45212

Privacy Statement:

Campaign finance law requires the reporting of the required fields. Vote Stith will not publish, sell or share other contact information such as phone numbers or email addresses.